Michelle Hookham
Mental Health & Homeopathy

Gerard Malouf & Partners
Parramatta

29th April, 2024

Re: CHB:AMC:234380 the matter of Caitlin Nisha Rea

Dear Gerard Malouf and Partners,

I write to provide a letter for the court, in the matter of Caitlin Rea's claim for personal injuries arising from a claim against Mr Jamnagarwalla. I acknowledge that I have been provided with a copy of the Expert Witness Code of Conduct. I have read the Code of Conduct and I agree to be bound by it. I have also provided my curriculum vitae with this letter.

I am a Credentialed Mental Health Nurse (CMHN) and homeopath in private practice. CMHN is a nationally recognized specialist qualification in mental health. I also sit on the Mental Health Advisory Committee for the Nepean Blue Mountains Primary Health Network (NBM PHN) and am a current PhD student with the University of Sydney. I have worked in the profession of mental health for over thirty years across a diverse range of specialist areas.

Duration of treatment
Ms Rea was referred to see me in August, 2022 by her GP, Dr Baheerathan, for therapeutic support for anxiety and depression. She had fortnightly to monthly consultations between then and February, 2023. She was re-referred to see me in February, 2024 for reasons that will be explained below.

Initial Presentation
At the time of her initial consultation in August, 2022, Ms Rea reported a history of sexual assault by a male GP on the 13.12.2013 at age 17yrs. Ms Rei pressed charges and that matter was 'settled out of court'. She reported ongoing mental health challenges since that time. She attributed psychological distress a) from her own traumatic experience and b) from her experience with the legal system. She stated that she had been accused of lying and felt bullied during cross examination in court. Ms Rei considered that she was not provided with appropriate counselling and support following the alleged assault and throughout the legal proceedings. This resulted in untreated psychological distress and a sense of injustice, which she stated "broke me."

Since the time of the personal injuries, exacerbated by the hearing, Ms Rea continued to experience low mood, anxiety, insomnia and feelings of shame and dirtiness. She reported that she had lost her life's ambitions and goals to be a disability worker and had constant ruminations of these adverse life events. Ms Rea reported increased emotional distress a few months prior to her initial referral to me, after reading an article about another alleged victim by the same perpetrator. This had re-triggered traumatic memories and guilt that her reporting had not manage to prevent another person's assault.

Credentialed mental health nurse; Registered homeopath; Homeopath
6 Christie Street, Windsor NSW 2756
PHONE 02 4577 4435 **MOBILE** 0423 162 001 **EMAIL** health@michellehookkham.com.au
WEBSITE www.michellehookham.com.au

Ms Rei stated that she had had difficulty finding enjoyment in things and was "like a shell – I'm there, but it wasn't me." She also reported that since these events, she had difficulty expressing any emotions and stated "I bottle it up as no one believed me." She continued to experience a 'freeze' response when triggered by visual reminders of the perpetrator (cultural attire – skull cap). During the assault, this was also her response: shock, freeze and not able to say anything.

19.08.22 K10 score: 28/50 – high level of psychological distress.

Recent presentation
At the time of her second referral, Ms Rea reported a deterioration in mental health consistent with her previous referral. The upcoming court matter related to personal injuries arising from a claim against Mr Mustafa Jamnagarwalla, was triggering and memories associated with these trauma events. Subsequent to her previous experience with the justice system, in addition to the above symptoms, Ms Rei reported increased anxiety associated with having to relive the trauma whilst giving evidence and how her testimony will be received by the court.

Past mental health history
Diagnosis: ADHD in high school → Ritalin for short period. (approximate age: 13/14 – prior to assault)
Diagnosis: Depression and anxiety (2020)
Diagnosis: post-natal depression (PND) (2017)

Obsessive compulsive disorder (OCD) since assault, with need to clean excessively.
Episodes of deliberate self-harm (DSH) after the assault.
2016 – "mental breakdown" – took a knife and stabbed self in the arm

Past medical history (from GP referral)
Asthma
CIN3 (HPV/cervical cancer)
Supraventricular tachycardia

Consequences of abuse on the plaintiff
The alleged abuse/sexual assault have had significant adverse effects on Ms Rei, including:

- Anxiety/panic attack when sees people wearing a skull cap (GP was wearing one at the time of the incident)
- Self-blame for allowing a male GP to swab vagina
- Turned to substance use and reported a period of years of polysubstance abuse (no previous *history prior to alleged assault)*
- Working extensive hours, seven days a week to block out memories of adverse events
- Suppressed emotions – bottled it up then increased internal pressure
- Chronic insomnia due to constant ruminations
- Unable to maintain relationship with the father of her children as not able to tolerate physical intimacy or touch since the alleged assault
- Associates touch and intimacy with feeling dirty in general

- Obsessive compulsive behaviours around germs and cleanliness; frequent washing of hands and unable to tolerate touch unless the other person has showered first
- Ongoing sense of vulnerability
- Unable to be affectionate; unable to hug, kiss or touch
- Puts shield up in all relationships for self-protection, which inhibits bonding and closeness with others
- Unable to begin new relationships as unable to express the complexities of her past history
- Socially isolates herself and has difficulty being around others
- Estrangement from her biological family and friends in the years following the incident
- This resulted in leaving home at 18 and "couch surfed"/lived in temporary accommodation
- Loss of personal dignity
- Difficulty trusting anyone
- Confusion around sexual contact
- Awareness of not being able to move forward with life, as per her peers
- Avoided dealing with cervical screening abnormalities
- Difficult emotions, including anger, disgust, guilt
- Loss of self-confidence
- Loss of career path

Ms Rei further stated:

- "He took my childhood from me; he took my youth"
- "He took away my mental health"
- "He ruined the relationship I had" (with first boyfriend)
- "He ruined my ability to have relationships"
- "I lost myself and don't know if I will ever find myself again"
- "I think all the time how different my life would have been if I didn't see that GP on that day"
- "I might have been able to be affectionate and not be on my own"
- "I could have been happy and partnered"
- "all my friends have stable lives; family; income; and I'm a single parent; I've got nothing; I've got to overcome the fear (of touch and intimacy) to be able to have a partner."

Assessment and opinion of condition

I have worked with Ms Rei over the period of two years. It has taken time to build trust and rapport, but over time, she has been able to open up and share her inner experiences, outlined above. It is worth noting that most of our consultations have been without a pending court matter. Ms Rei's reporting of her experiences has been consistent, authentic and congruent in their emotional expression.

Ms Rei continues to process the consequences of the alleged sexual assault. She is gradually gaining insight about her patterns of behaviour stemming from the assault and is learning that many of these expressions are consistent with other victims of sexual assault. For example, feeling dirty, ashamed and developing OCD symptoms around hygiene and washing. The psychological impact of trauma is particularly complicated when the perpetrator of the abuse was someone in a position of power, such as a GP or family member,

who are in a position of trust and should be protecting the person in their care. This erodes trust and can cause a split in the victim's sense of self, particularly in a vulnerable young person, such as Ms Rei at the time of the assault. This is consistent with her extreme difficulty in establishing and maintaining healthy intimate relationships.

It is my opinion that the assault experienced by Ms Rei at the age of 17 changed the trajectory of her life. From being a happy, adjusted teenager, living at home, and in the midst of her first relationship, it all broke down in the immediate period following the abuse. She pushed people away, left home, developed a substance use disorder and was unable to continue her life's journey of becoming a disability worker. It is my opinion that this is the primary causative factor of her mental health challenges.

From there, other circumstances have contributed to ongoing mental health issues. Because of the above, she has been unable to sustain a relationship with the father of her two children and is a single mother on Centrelink benefits, which is not her preference. Social isolation and financial stressors have subsequently contributed to anxiety and low mood. But it is the former that Ms Rei considers has led to these secondary circumstances.

Clinical formulation
28 year old unemployed single mother of 7 year old boy and 4 month old boy, living in rental accommodation, presenting with anxiety, low mood and chronic insomnia in background of sexual assault at the age of 17 years.

Clinical Impression
Diagnosed with depression and anxiety by GP.
In addition, I consider that her reported symptoms are consistent with the diagnosis of Posttraumatic Stress Disorder (PTSD) (DSM 5 309.81), however this would need further verification from a medical professional for a formal diagnosis.

Prognosis of psychological condition
Ms Rei is motivated to seek psychological therapeutic support to help overcome the challenges associated with the alleged sexual assault at the age of 17. She is becoming more aware that the current trajectory of her life is not going to bring her contentment and happiness. She is aware that she has to overcome the impact of the trauma to make positive changes in to move forward. She has the capacity to engage well in psychological intervention and hopefully with this awareness and continued recovery, she will in time be able to engage in meaningful relationships and the life purpose she once set out to achieve.

Ms Rei did not receive counselling at that time of her personal injuries for a variety of reasons, and is now beginning to process the ramifications of the alleged assault. Trauma informed care considers some factors important in people's ability to recover. These include: feeling heard; validation that something happened to you that should not have happened; and being welcomed back into the community in spite of what happened to you. Similarly, Ms Rei considers that seeking justice again through the legal system, being heard and vindicated will go some way to helping her to heal.

Michelle Hookham
Mental Health & Homeopathy

Future treatment and rehabilitation

Healing from trauma is an ongoing process and people seek out support at varying intervals following the incident/s. For some people, there are periods where traumatic memories are triggered and require psychological intervention for a period of time. Sympotms may then go into a period of remission, not requiring intervention, until the next episode. This is consistent with Ms Rei's experience. She had a six-month referral for psychological support and was then able to manage and cope reasonably well for a year, followed by the trauma being triggered, requiring additional support. It is likely that this pattern will continue for Ms Rei, for an indefinite period of time, but no less than five years.

Should she follow the same pattern, I would consider that she may require fortnightly psychological support for six months every year for a period of five years. This would equate to:

Sessions per year	Number of years	Total number of consultations	Cost per session (Exc. GST)	Total cost (Inc. GST)
12	5	60	$195.00	$12,780.00

Yours sincerely,

Michelle Hookham

Credentialed mental health nurse; Registered homeopath; Homeopath
6 Christie Street, Windsor NSW 2756
PHONE 02 4577 4435 **MOBILE** 0423 162 001 **EMAIL** health@michellehookkham.com.au
WEBSITE www.michellehookham.com.au